School District (K-12) Pandemic Influenza Planning Checklist

1. Planning and Coordination:

Tasks	Not Started	In Progress	Completed
• Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district's pandemic influenza response plan.	0	0	0
• Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.		0	
• As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan.	0	0	0
 Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district's pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district's established ICS and the local/state health department's and state education department's ICS. 	I	0	0
• Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.		0	
• Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan.		0	
• Test the linkages between the district's Incident Command System and the local/state health department's and state education department's Incident Command System.	0	0	
 Contribute to the local health department's operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA's healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months. 		0	
• Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.	0	0	
• Participate in exercises of the community's pandemic plan.	\circ	0	\circ
• Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.	0	0	0
• Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.	0	0	0
• Implement an exercise/drill to test your pandemic plan and revise it periodically	0	0	0

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 Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts. 			
2. Continuity of Student Learning and Core Operations:			
Tasks	Not Started In Progress Completed		
• Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.	0	0	
 Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures. 	0	0	0
 Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents. 	0	0	
5. Infection Control Policies and Procedures:			
Tasks	Not Started	In Progress	Completed
 Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu. 	0	0	0
 Provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based/waterless hand hygiene products, tissues and receptacles for their disposal). 	0		0
• Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).	0		0
• Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.	0	0	0
• Establish policies for transporting ill students.	0	0	0
 Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan/sup4.html). 	0	0	
. Communications Planning:			
Tasks	Not Started	In Progress	Completed
• Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.	0		
 Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks. 	0		0

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 Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities. 		0	0
 Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families. 	0	0	0
 Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds. 	0	0	0
 Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information. 	0	0	0
 Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources. 	0	0	0
• Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).	0	0	0
• Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).	0	0	0
 Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly. 	0	0	0

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